



# Incident Report

Print Date/Time: 05/02/2016 11:19

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00007681

**Incident Date/Time:** 4/24/2016 7:29:00 AM  
**Location:** E LAKESHORE DR / 8TH ST NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 344-6150  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D4	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HELVEY, BRENT					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/24/2016 : 07:43:01 SP0422 Narrative: DICKS TOWING ER

04/24/2016 : 07:41:11 SP0422 Narrative: MISSING ONE TIRE RUBBER

04/24/2016 : 07:40:35 SP0422 Narrative: NEXT TOW, ALL 4 ROUND,

04/24/2016 : 07:32:29 SP0189 Narrative: AC, BLK TRUCK OFF RD FENCE, DRIVER OUT WALKING, CLAIMING NO INJS,

04/24/2016 : 07:32:23 SP0174 Narrative: OLDER FEMALE DRIVER DECLINED AID

04/24/2016 : 07:32:15 SP0174 Narrative: ONE VEH THROUGH FENCE, GRY OLDER F250 W/RED CANOPY


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E539176**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL RESERVATION**
**CASE # 2016-00007681**
**LOCAL AGENCY CODING 0311900**
**TOTAL # OF UNITS 02 OBJECT STRUCK FENCE**

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 24 - 2016	0732	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
<b>E LAKESHORE DR</b>		BLOCK NO. <input checked="" type="checkbox"/> 800
		MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
100 00 MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W	8TH ST NE

<b>UNIT 01</b>	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253970327
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LAST NAME	THORP	FIRST NAME	SHARON	MIDDLE INITIAL	L
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STREET NEW ADDRESS	3033 95TH DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982585626
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	THORPSL420MW	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07	16	1958
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B08671F	STATE	WA	VIN#	1FTHF361XGPA19336
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1986	MAKE	FORD	MODEL	PU	STYLE	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	DICKS	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. RICHARD THORP 3033 95TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN INSURE ALL (PEAK INS) 475818731
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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<b>UNIT 02</b>	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253340441
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LAST NAME	BELL PROPERTIES	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	9429 N DAVIES RD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B. MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
B. FISKE #0138	0138	WA0311900


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E539176**CASE # **2016-00007681**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

**NARRATIVE**

V1 was traveling West on E Lakeshore Dr in the 800 block. The vehicle lost control and left the roadway on the north side of the roadway and struck a fence. The fence had heavy damage. The fence belongs to the owners of the property at 610 E Lake Stevens Rd. That property is a condominium/apartment complex that is managed by Bell Properties. Bell Properties was provided a case number for the incident. Driver of V1 stated she hit a puddle in the road and lost control of the vehicle. The vehicle was not drivable and was towed from the scene by Dick's Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138**
**04-29-16 09:05 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**W. AUKERMAN 0072**
**5/2/2016 2:16:55 AM**

BADGE OR ID #

**0138**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**7:33 AM**

TIME POLICE ARRIVED

**7:39 AM**

REPORT NO. E539176

CASE # 2016-00007681

DATE AND TIME  
OF COLLISION 04/24/16 07:32

